Page 7/7

Aug 05 02 8:52 Shoemaker

(210) 256-7044

P.7

Please lyge a plus eign (+) instite this box	n

PTO/SB/92 (18-00)

Under the Papeniors Reduction Act of 1995, no pursuing see required to a

REVOCATION OF POWER OF ATTORNEY OR **AUTHORIZATION OF AGENT**

Application Number Filing Date First Named In: Group Art Unil Exeminer Name Attorney Docket Mumber

The second second					
I heraby revoke ell previous powers of attorney or authorizations of agent given in the above-identified application:					
A Power of Attorney or Authorization of Agent is submitted herewith.					
OR					
Please change the correspondence address for the above-identified application to:					
Custor	mer Number Par Code				
OR	Label have				
Firm or Individual Name	Millen, White, Zelamo + Branigan, P.C.				
Address	Arlington Courthouse Plaza I				
Address	2200 Clarendon Blyd, Suite 1400				
City	Activation				
Country	U.S.A. State VA 21P 22ZO				
Telephone	(703)812-5309 Fax (703) 243-6410				
l am the:					
Applicant/Inventor.					
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO(SB/96)					
SIGNATURE of Applicant or Assignee of Record					
Name Si	o-Tech Imaging, Inc., Shavon Mattack C.O.O.				
Signature The Mestell					
Date	8/5/02				
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one algorithm is required, see below?.					
Total offorms are submitted.					

Sunday Mour Statement: This form is entimeted to take 3 himston to corrector, Throwall vary department that needs of the individual case. Any examinents on sensorm of time year are required to constall to the form should be sent to the Chief Information Officer. U.S. Peacert and Tracement Office. Washington, OC 2023'. OR NOT SETIO FEES OR COMPLETED FORMS TO THIS ADDRESS, SEVID TO: Assistant Commissioner for Patents, Washington, OC 2023'.

Page 6/7

Rug 05 02-0 :52s Shoemak r

(210) 256-7044

p.6

Please type a plus sign (+) inside this box	→ []
---	------

PYDISSIST (02-01)

Approved for use through 10/3-1/2002. Own 0851-0005

U.S. Patent and Tradement Office: U.S. DEPARTMENT OF COMMERCE.

On the Passenest: Reduction Act of 1995, no persons are required to respond to a collection of information uniters. It disting a valid ONE control number. 09/296,534 **Application Number** Filling Date **POWER OF ATTORNEY OR** First Hamed Inventor RODER HALLOWITZ Methods and Ormpointions for Del Tibe **AUTHORIZATION OF AGENT** Group Art Unit

	Examiner Home	Zeman, Robert A			
	Attorney Docket Number	BIOTIT			
I handy and late					
I hereby appoint:					
Practitioners at Customer Number	3449				
OR					
Practitioner(s) named below:		33449			
Name	R	egistration Number			
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact atl business in the United States Patent and Trademark Office connected therewilly.					
Place change the correspondence address for the	on Onice connected the	rewith.			
The above-mentioned Customer Number.	spove-identified appli	cation to:			
OR		Place Customer			
Practitioners at Customer Number		Mumber Ber Code			
OR		Label here			
Firm or Individual Name					
Address					
Address	· · · · · · · · · · · · · · · · · · ·				
City	State	Zio			
Country					
Talaphone	Fex				
i en the:					
Applicant/Inventor.					
Assigned of record of the antire interest. See 27 CEO 2 24					
Assignee of record of the entire interest. See Statement under 37 CFR 3.73(b) is enclosed.	37 CFR 3,71. . (Form PTO/SB/96).				
BIGHATURE of Applicant or Assignee of Record					
Name Bio-Tech Imaging. Inc. Shown Mottock, C.O.O.					
Signature the Wortfell					
Oate 4/5-/02_					
IOTE: Signstance of all the inventors or exeignees of record of the entire interest or their representative(s) are required. Submit multiple intro if more than one algorithm is required, see below?.					
D Total offorms are submitted.					

Busine Hoter Statement: This form is estimated to take 3 infrustre to complete. Thre will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Diffee, U.S. Patent and Trademark Office, Westington, DC 20231. DO NOT BEIND FEES OR COMPLETED FORMS TO THIS ADDRESS. BEIND TO: Assistant Commissionar for Patente, Washington, DC 20231.

p. 1

Debbie Shoemaker 9 Claybrook San Antonio, TX 78254 Phone: (210) 520-3637 Mobile: (210) 415-7205 Fax: (210) 256-7044

E-mail: dshoemaker@hiotechimaging.com Or mshoema822@aol.com

Bio-Tech Imaging, Inc.

FAX RECEIVED

AUG 0 6 2002

FAX

OFFICIAL GROUP 1600

To: USPTO Fax: 703-872-9366

From: Debbie Shoemaker Date: August 5, 2002

Re: B(51)-7 Pages: A Total, including cover sheet

Please find attached: 1) transmittal form

2) Power of Attorney or Authorization of agent; and

3) Revocation of Power of Attorney or Authorization

of agent

in

Application No.

09/296,534 04/22/1999

Filing Date First Named Inventor

Robert A. HALLOWITZ

Group Art Unit

1645

Examiner Name

Zeman, Robert A.

Atty Docket No.

BIOTI-7

CERTIFIACTE OF FACSIMILE

I hereby certify that this correspondence is being transmitted by facsimile to the USTPO on this

JULY VIII

Debra G. Shoemaker Reg No. 47,941 Date: 5 (110) 2002

Aug 05 02 02:47p

FAX RECEIVED

		AUG 0 6 2002			
Please type a plus sign (+) inside this box	U.S. Patent and Trade	oved for use through COTT DOZIME 0551-0031 mark Office: U.S. DEPARTMENT OF COMMERCE			
	Application Number	09 296, 534			
TRANSMITTAL	Filing Date	04/22/1999			
FORM	First Named Inventor	Rober HALLOWITZ			
(to be used for all correspondence after initial filing	Group Art Unit	1645			
	Examiner Name	Zemon, Robert A.			
Total Number of Pages in This Submission	Attorney Docket Number	BIOTI-7			
EN	CLOSURES (check	all that apply)			
(for	ignment Papers an Application)	After Allowance Communication to Group			
Fee Attached Dra	wing(s)	Appeal Communication to Board of Appeals and Interferences			
Amendment / Reply	nsing-related Papers	Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)			
	tion	Proprietary Information			
Affidavits/declaration(s) Pro	tion to Convert to a visional Application	Status Letter			
Extension of Time Request	rer of Attorney, Revocation nge of Carrespondence ress	Other Enclosure(s) (please identify below):			
Express Abandonment Request	ninal Disclaimer				
Information Disclosure Statement	uest for Refund				
Certified Copy of Priority	Number of CD(s)				
1		I			
Incomplete Application 2pp	. Hower of 17th	rney and of fower of Albrhey			
Response to Missing Parts under 37 CFR 1.52 or 1.53	Kovacation	of Nowerd Albaney			
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT					
Firm or Delsa G. Shogmaxer					
Signature WWW MARIN					
Date 5 Aug 2002					
CERTIFICATE OF MAILING					
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date:					
Typed or printed name					
Signature	Date				

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231. CERTIFICATE OF FACSIMILE

I hereby certify that this correspondence is being transmitted by facsimile to the USPTO on 5 Aug 2002

Debra G. Shoemaker, Reg NO. 47,941

Debra G. Shoemaker, Reg NO. 47,941

Debra G. Shoemaker, Reg NO. 47,941